Express Mail No: EL 964154225 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Number:

Applicants:

William I. Stopperan and Troy M. Bryan

Filed:

November 4, 2003

Title:

Novel Identification Method and Apparatus

TC/A.U: Examiner:

Assignee:

Western Pathology Consultants, Inc.

Attorney Docket:

WPCI-Nonprov

Customer No.:

33549

EXHIBIT B

(Consisting of 4 pages)

25 (15) 683 (166 **FORM** 133 (15) (16) (16)



SPECIMEN ID NO.

10101 Renner Blvd • Lenexa, KS 66219

TEP 1: COMPLETED BY COLLECTOR OR E		VIIAE C	7017	TUI		
A. Employer Name, Address, I.D. No. AL	COUNT #: 4666	B.	MRO Name	. Address, i	Phone and Fax N	0.
MPCI/CITY OF SERING	•	# # # # # # # # # # # # # # # # # # #	.A. ARMI FETFEN	STRONG. : PATHOLOGY	JR., M.D.	
GERING NE 693	361	1	321 BRO/	*DHAY		
PH::386-632-7411 FX: 388-6	532-6727	S	CULLABOLI	JFF.	X308-632-672 NE 693	C 61
	,		H: 308-6	2-7411	FX:388-63	32-6727
C. Donor SSN or Employee I.D. No.					1 1 .	
D. Reason for Test: Pre-employment	Random		السا			
Return to D			nable Suspici her (specify)		Post Accide	nt .
	C, COC, PCP. OPI, AMP	_	& COC Only		(specify)	_
F. Collection Site Address:), 000, 1 01. 01 i, Aili		u 000 0:119		(зресну)	······································
SPCI						
1321 BROADWAY SCUTTSBLUFF, NE 69361		Collec	ctor Phone No.	888 482	- 5176	
ELUCISALOFF, NE 87361			•			•
		Collec	ctor Fex No		·	
STEP 2: COMPLETED BY COLLECTOR						
Read specimen temperature within 4 min	utes. Is temperature	Specimen				
between 90° and 100° F? ☐ Yes ☐ No	, Enter Remark	U Split ∟	Single	None Provide	d (Enter Remark)	Observed (Enter Remark)
REMARKS	·					
STEP 3: Collector affixes bottle seal(s) to bottle(s)	. Collector dates seal(s). D	onor initials s	eti(s). Donor	completes STE	P 5 on Copy 2 (MR	O Copy)
STEP 4: CHAIN OF CUSTODY - INITIATED BY	COLLECTOR AND COM	APLETED BY	LABORATO	RY	• • •	
I certify that the specimen given to me by the donor ide accordance with applicable Forensic requirements.	entified in the controllenton sec	_				
X		PM _	SPECIMEN	BOI ILE(S)	RELEASED TO	: }
Signature of Collector	Time of Calls	ction	•			
(PRINT) Collector's Name (First, MI, Lest)	Date (Mo./Day	ALC)	*	Name of Oain	very Service Transferring :	Specimen to Lab
RECEIVED AT LAB:						
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Y		•	Primary S Bottle Se		SPECIMEN BOTT	LE(S) RELEASED TO:
X Signature of Accession	ner	>			SPECIMEN BOTT	LE(S) RELEASED TO:
Y	ner		Bottle Se	al intact	SPEÇIMEN BOTT	LE(S) RELEASED TO:
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Instructions for Completing the Forensie Deug Testing Custody and Control Form

- A. Collector ensures that the name and address of the drug testing laboratory appear on the top of the CCP and the Specimen LD. number on the top of the CCF matches the Specimen LD. number on the labels/scale.
- Collector provides the required information in STEP 1 on the CCF. The collector provides a remark in STEP 2 if the donor refuses to provide his/her SSN or Employee LD. manher.
- C. Collector gives a collection container to the dinner for providing a specimen:
- D. After the donor gives the specimen to the collector, the collector checks the temperature of specimen within 4 minutes and marks the appropriate temperature box in STEP 2 on the OCF. The collector provides a remark if the temperature is outside the acceptable range.
- 6. Collector checks the split or single specimen collection box. If no specimen is collected, that box is checked and a remark is provided. If it is an observed collection, that box is checked and a remark is provided. If no specimen is collected, Copy 1 is discarded and the remaining copies are distributed as required.
- F. Denor watches the collector pouring the specimen from the vollection container into the specimen bottle(s), placing the cap(s) on the specimen bottle(s), and affixing the label(s)/seal(s) on the specimen bottle(s).
- C. Collector dates the specimen bottle label(s) after they are placed on the specimen bottle(s).
- H. Donor initials the specimen bottle label(s) after the label(s) have been placed on the specimen bottle(s).
- Collector turns to Copy 2 (MRO Copy) and instructs the donor to read the certification statement in STEP 3 and to sign, print
 mane, date, provide phone numbers and date of birth after reading the certification statement. If the donor refuses to sign the
 certification statement, the collector provides a remark in STEP 2 on Copy 1.
- J. Collector completes STEP 4(i.e., provides signature, printed name, date, time of collection, and name of delivery service), immediately places the scaled specimen bottle(s) and Copy 1 of the CCF in a leak-proof plantic bag, releases specimen package to the delivery service, and distributes the other copies as required.

ENCAL REVIEW OFFICER

Markey Strains 18

DOT

FX: (308)632-6727 PH: (308)63	MEN ID NO. 205	62825		Blvd - Lenexa, KS 66219 for Client Services			
STEP 1: COMPLETED BY COLLECTOR OR EN	PLOYER REPRESENT	ATIVE	(0W) 122-003	ICH CHICK SOLVICOR			
A Employer Name, Address, I.D. No. AC WPCI/CITY OF GERING 1925 P STREET GERING NE 693	CCOUNT #:320G	A.A. ARMS VESTERN P 1321 BROA	Address Phone and Fax M TRONG, JR., M.D. ATHOLOGY DWAY -7411 FX308-632-6				
PH:308-632-7411 FX: 308-6	532~6727	SCOTTSBLU	PF NE 69	9361 32-6727			
1	Random Ity Follow-up COC, PCP, OPI, AMP	Reasonable Suspicion					
F. Collection Site Address:							
·		Collector Phone No		,			
		Collector Fax No	•				
STEP 2: COMPLETED BY COLLECTOR							
Read specimen temperature within 4 minubetween 90° and 100° F? Yes No.		Specimen Collection:	one Provided (Enter Remark)	☐ Observed (Enter Remark)			
REMARKS STEP 3: Collector affixes bottle seal(s) to bottle(s).	Collector dates seal(s). D	oner initials seal(s). Donor co	mpletes STEP 5 on Copy 2 (Mi	RO Copy)			
STEP 4: CHAIN OF CUSTODY - INITIATED BY							
I certify that the specimen given to me by the donor ide accordance with applicable Federal requirements.	entitied in the certification se	CDECIMEN	OTTLE(S) RELEASED TO				
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Signature of Collector	Time of Colle	ection					
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প্রকার জনতে হা একটার কর্ম

Instructions for Chaples of the Power and Desig Fisting Care dy and Control Form

- A Contentor custors that the name and address of the drug testing luboratory appear on the top of the CCF and the Specimen i.D. number on the top of the CCF matches the Specimen i.D. number on the labels/seals.
- B. Collector provides the required information in STEP 1 on the CCF. The collector provides a remark in STEP 2 if the donor refuses to provide his/her SSN or Employee LD, number.
- Cullector gives a collection container to the donor for providing a specimen.
- D. After the donor gives the specimen to the collector, the collector checks the temperature of specimen within 4 minutes and marks the appropriate temperature box in STEP 2 on the CCF. The collector provides a remark if the temperature is outside the acceptable range.
- 6. Collector checks the split or single specimen collection box. If no specimen is collected, that box is checked and a remark is provided. If it is an observed collected, that box is checked and a remark is provided. If no specimen is collected, Copy 1 is discarded and the remaining copies are distributed as required.
- F. Omor wanther the collector pouring the specimen from the collection commissed into the specimen borders), placing the cup(s) on the specimen borders), and affixing the label(s)/scales) on the specimen borders).
- G. Collector dates the specimen buttle tabel(s) after they are placed on the specimen buttle(s).
- 14. Donur initials the specimen boule label(s) after the label(s) have been placed on the specimen bottle(s).
- Collector turns to Copy 2 (SIRO Copy) and instructs the donor to read the certification statement in STEP 5 and to sign, print
 name, date, provide prione numbers and date of birth after reading the certification statement, the donor relisses to sign the
 certification statement, the collector provides a remark in STEP 2 on Copy 1.
- J. Collector completes STEP 4(i.e., provides signature, printed name, date, time of collection, and name of delivery service), inunediately places the scaled specimen builde(s) and Copy 1 of the CCF in a leak-peoof plantic hag, releases specimen package to the delivery service, and distributes the other copies as required.

Privacy 4:1 Statement, (For Pederal Employees Only)

Submission of the information on the material form is voluntary, thosever, occumiest submission of the information, refusal to provide a urine specimen, or substitution or adulteration of a specimen may result in delay or denial of your application for employment/appointment or may result in removal from the Federal service or other disopining action.

The authority for obtaining the scine specimen and identifying information contained bettern is Executive Order 12564 ("Drug-Pree Fuderal Workplace"), 5 U.S.C. & 7301 (2), 5 U.S.C. & 7301, and Section 503 of Public Law 100-71, 5 U.S.C. & 7301 note. Under provisions of Executive Order 12564 and 51.5 C. 7301, test results may only be disclosed to agency officials on a need-to-know basis. This may include the agency Wedical Review Officer, the administrator of the Employee Assistance Program, and a supervisor with authority to take adverse personnel action. This information may also be disclosed to a court where accessary to defend against a challenge to an adverse personnel action. Submission of your 55 V is not required by law and is solutionary Your refusal to furnish your number will not result in the detail of any right, benefit, or privilege provided law. Your SSN is solicited, pursuant to Executive Order 9397, for purposes of associating information in agency files relating to you and purposes of identifying the specimen provided for uninalysis testing for illegal drugs. If you refuse to indicate your SSN, a substitute number or other identifier will be assigned, as required, to provess the specimen.

In the evera laboratory analysis determines the presence of one or more illegel drugs in the operance you pravide, you will be contained by an agency Medical Review Officer (MRC). The MRO will determine whether there is a legitimate medical explanation for the drug(s) identified by unrallysis.

Paperwork Reduction Act Notice (as required by 3 CFR 1338.21)

Public reporting burden for this collection of information, including the time for reviewing instructions, gathering and maintaining the data moded, and completing and reviewing the collection of information is estumated for each respondent to average: 5 minutes/conord 4 minutes/collector. A minutes/topomatory, and 3 minutes/Medical Review Officer, Federal amplity sess may send comments regarding these burden estimates, or any other aspect of this cultection of information including suggestions for reducing the burden, to the SAMHSA, Reports Clearance Officer, Pupeswork Reduction Project (1940-158), Rosen 16-105, Parkitawn Building, 5000 Fishers Lane, Rockville, MD 20857. An agreeny may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control sumber. The OMB Social Landber for this project is 0930-0138.